

INFORMATION TRANSMITTAL FORM

DATE

SUBJECT

REFERENCE

☐ Enclosure(s) is/are forwarded/returned:

☐ for action:

☐ signature of \_\_\_\_\_

☐ correction of \_\_\_\_\_

☐ to verify \_\_\_\_\_

☐ other: \_\_\_\_\_

☐ for information

☐ for file

☐ for distribution

☐ as requested in reference ( )

☐ other:

☐ Effect discharge in accordance with reference ( )

☐ Have subject member submit \_\_\_\_\_ to verify

☐ The below listed are not on file at CG Headquarters

☐ The below listed will be mailed under separate cover

☐ Make corrective entry on the next Personnel Diary submitted

☐ Service for subject cannot be verified from information given

☐ Return original via chain of command, with copy of request attached

☐ Advise subject of action taken

☐ Other:

REMARKS

FROM

Commandant ( )  
U.S. Coast Guard  
Washington, D.C. 20593